PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE rEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

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225 FRANKLIN SUITE 2300	CONNORS, LLI STREET	7/2007 P	Certificate of Mailing or Transmission Letting of Mailing or Transmission I bereby certify that this Foc() Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Step ISSUE FEE address above, or being facsimilit transmitted to the USPTO (271) 273-2885, on the date indicated below.			
BOSTON, MA	02110		Del 	Lilliah	M Coste	(Depositor's name) (Compositor's name) (Signature) (P-5-08 (Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	ORNEY DOCKET NO.	CONFIRMATION NO.
10/790,911 TLE OF INVENTION	03/02/2004 : CLOSED LOOP POW	ER CONTROL OF NON	Robert G. Gels I-CONSTANT ENVELOP		ANALOG. 7099 G SAMPLE/HOLD	1408
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	02/06/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS			
LE, LANA N		2618	455-127100			
Change of forrespondence address or indication of "Fee Address" (37 R. 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached. The Address 'midication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent frost page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered nationey or agent) and the names of up to 2 registered patent automeys or agents. If no name is listed, no name will be printed.			
PLEASE NOTE: Unl recordation as set fort (A) NAME OF ASSIG	less an assignee is ident h in 37 CFR 3.11. Com	tified below, no assignee pletion of this form is NO	THE PATENT (print or typedata will appear on the part a substitute for filing and (B) RESIDENCE: (CITY Norwood, Massa	atent. If an assignee is i assignment. and STATE OR COUN		cument has been filed for
	-	r categories (will not be p	-	_	tion or other private gro	up entity Government
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a. Applicant claim	tus (from status indicate s SMALL ENTITY stat	us. See 37 CFR 1.27.	☐ b. Applicant is no long			
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Authorized Signature	VN-111	5. Conso		Date 2/	5/08	
Typed or printed name Matthew E. Connors Registration No. 33,298						

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